Director's Approval	
Date	



## **GET Refund Request Certification**

PURCHASER:	SSN:	
MAILING ADDRESS:		
GET ACCOUNT NUMBER (S):		
JUSTIFICATION:		
Your request for refund must be notarized.		
I hereby request a refund of GET tuition u (Please review enclosed Refund and Cancellation	nits on the grounds of  Policy AND attach any supporting documentation.	
I declare / certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.		
Purchaser Signature:	Date	
State of Washington  County of I certify that I know or have satisfactory evidence that is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.		
Date		
	Signature	
(Seal or Stamp)	Title	
	My appointment expires	